



**APPLICATION FOR VEHICLE IMMOBILIZATION SERVICE
LICENSE APPLICATION**

Applicant's Name: _____
Last First Middle

Applicant's Address: _____

City State Zip Code

Applicant's Telephone Number: _____
Business

Mobile

Applicant's Driver's License No. _____ State _____

Applicant's Social Security No. _____

Address of Vehicle
Immobilization Service: _____

City State Zip Code

Vehicle Immobilization
Service business type
(i.e. corporation, LLC, LLP): _____

If a partnership, the names of all partners: _____

If a corporation, the names of all officers: _____

Charges Vehicle Immobilization Service will impose for various services:

Amounts and types of insurance held by Vehicle Immobilization Service (attach a copy of the insurance Declarations page(s):

Type of insurance	Name of insurer	Policy No.	Limits of ins.
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Have you ever had a vehicle immobilization service license denied or revoked?

_____ Yes _____ No.

If YES, give date, jurisdiction and explanation: _____

HAVE YOU EVER BEEN CONVICTED OF ANY VIOLATIONS OF:

	YES	NO	If you answered yes to any of the four categories, please provide a written explanation including date, jurisdiction, offense and disposition
Federal Laws			
State Laws			
County Ordinance			
City Ordinance			

Do you have ANY violations of the law pending against you? If yes, please provide date of violation, jurisdiction, current status and full explanation: _____

Are you familiar with the City of Riverdale ordinances regulating Vehicle Immobilization?

___ Yes ___ No

Applicant swears or affirms that the statements contained in this application are true and correct under penalty of perjury.

Print Name:

Sworn to and Subscribed before me this

_____ day of _____.

NOTARY PUBLIC

My Commission Expires:_____